Mono County EMCC Meeting

8:30- 9:00 ZOLL DEMONSTRATION*
Melissa Ermenio, Zoll Medical Corporation
New E Series and AutoPulse demonstration
Breakfast provided by Zoll

MAMMOTH HOSPITAL
ED LOUNGE/CONFERENCE ROOM
May 22, 2008
9:00 a.m.

AGENDA

I. CALL TO ORDER

II. APPROVAL OF APRIL 1, 2008 MINUTES

III. NEW BUSINESS
- A. ICEMA FY 2008/2009 Fees
- B. Legislation
- C. Scantron Data
- D. Trauma Training
- E. EMCC By-Laws
- F. EMD Policy
- G. EMT Certification
- H. AED Use in County facilities,

IV. OLD BUSINESS
- A. Chalfant Valley Fire Department – ALS Provider Update
- B. Mammoth Airport Shutdown Update
- C. Trauma Systems Reports
- D. National Registry Test Site

V. OTHER/PUBLIC COMMENT

VI. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

VII. NEXT MEETING DATE AND LOCATION

VIII. ADJOURNMENT

The Mono County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 515 North Arrowhead Avenue, San Bernardino, CA.

MONO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mammoth Hospital ED Lounge/Conference Room
Mammoth Lakes, CA

MINUTES
April 1, 2008

Mark Mikulicich	Mono County Fire/Rescue Chief and EMCC Chairperson
Dr. Rick Johnson	Mono & Inyo Counties Health Officer
Diane Fisher	ICEMA
Lori Baitx	Mammoth Hospital Emergency Department Director
Rosemary Sachs	Mammoth Hospital PLN
Bob Rooks	Mammoth Lakes Fire Department Division Chief/Mono Fire Chief's Association Representative
Mike Patterson	Sierra Lifeflight, Manager/Chief Flight Paramedic

I. CALL TO ORDER

The meeting was called to order at 9:14 a.m.

II. APPROVAL OF JANUARY 29, 2008 MINUTES

Chairman asked if there were any questions or comments about the minutes from the proceeding meeting (there were none), and requested a motion to approve. Rosemary Sachs made a motion to approve the minutes and Lori Baitx seconded the motion; all in favor with none opposed, minutes were approved.

III. NEW BUSINESS

A. Chalfant Valley Fire Department – ALS Provider Update

Chalfant Fire Department has proposed to offer part-time volunteer ALS service (when available) in addition to the BLS service they currently provide. A similar service has been approved in Inyo County. This is in conjunction with the County's proposal to help both Districts (Chalfant and White Mt.) with a paid-per-call subsidy aimed at increasing new volunteer interest and maintaining enthusiasm among current active EMTs. Mikulicich is appearing before the Board on April 8, 2008 to introduce the concepts and request approval for continued development of the idea (as of this writing, the BOS approved the concepts and directed staff accordingly). Diane Fisher has requested a letter from the Board detailing County support and officially requesting approval from ICEMA, which will be forthcoming as details are worked out. Mark asked Diane if ICEMA could provide a template letter, and Diane said she would send a copy of Inyo County's request as an example. Dr. Johnson was also supportive of the proposal, and was agreeable to the County's control and distribution of medications and narcotics necessary for Chalfant's proposed operations.

B. Mammoth Airport Shutdown Update

There were no new developments in the proposed temporary shut down of the Mammoth Airport, still tentatively scheduled for June 1st. They plan on repairs to the runway which could take 3 to 4 months. As they are still in the process of gathering bids for construction, it is improbable that they will be ready to start by the June 1st date. Dr. Johnson suggested the need for a sub-committee (consisting of the hospital, Mammoth Fire, Mono County, Symons and the flight services) to meet and establish parameters of how to best operate during this time period. A meeting date was scheduled for April 16th at 09:00 in the Mammoth Lakes Fire Department meeting room. Details will then be brought back to the EMCC.

Lori Baitx was excused to attend another previously scheduled meeting at 10:00.

C. Emergency Protocol "Determination of Death on Scene" #14007

The Determination of Death protocol was discussed in depth with the disclosure of possible contradictions in the language. Rosemary was going to write ICEMA with the Committee's comments and suggestions.

As Mike Patterson had to leave soon for a previous commitment, he requested the floor to comment on Old Business related to possible problems that Northern Inyo Hospital has recently had with other Flight Services. Mike said he was informed that both Golden State Air Ambulance and American Med Flight had refused air transport for an uninsured patient (Sierra Lifeflight was on another call), and he wanted to remind the Committee of SLF's policy to provide service for patients regardless of their insurance status. Mike wanted to know if Mammoth Hospital has had any similar issues with other flight services or with SLF, which did not appear to be the case (Mammoth Hospital has had very little exposure to Golden State's services so far).

Dr. Johnson said the Health Department was still working on possible grant funding for the purchase of portable ventilators to assist with patient transfers. He also said that maybe there should be a standard EMCC agenda item in regards to Flight Services. Diane stated that there are sometimes "issues" with almost all providers, and that any complaints should be directed to ICEMA for initial investigation, as proper procedure.

D. MICN Recertification Requirements

MICN recertification requirements have been reviewed and consideration is being given to exclude the need for field ride-along time for recertifying MICNs.

E. Trauma System Reports

A copy of the Trauma System Report for Inyo County was provided to the EMCC for review and referral. Mono County would like to be included in the stats.

Information regarding destination and outcome for trauma patients is being obtained by Mammoth Hospital from the receiving hospital in Nevada. It was suggested that ICEMA contact Lori Baitx to get data.

F. Legislation

The AB29117 (controlling EMT oversight) has been morphed into a new bill; AB27. ICEMA will follow the progress and update.

Bob wanted to know about liability immunity for Dispatchers, EMD trained or otherwise. Diane said there was no complete immunity regardless of training levels, but ICEMA has protocols which would help to cover them as part of the EMS system. ICEMA has done EMD training in the past. ICEMA to present requirements at next meeting. Committee would like to recommend to the Board that the Sheriff's dispatchers be trained and certified in pre-arrival instructions.

G. Scantron Data

Scantrons are getting better with the addition of error information specific to individual Medics. Mark has identified the need for an in-service training refresher for the troops, which he hopes to complete in the next couple of months.

IV. OLD BUSINESS

A. EMCC By-Laws

The existing EMCC by-laws were reviewed for content and several changes were recommended to ARTICLE V regarding membership and ARTICLE VII regarding protocol. Any additional recommended changes were to be submitted to Mark, who will forward all draft changes to ICEMA for approval at the next EMCC.

B. EMCC Membership List

The EMCC Membership List was officially approved and updated by the Mono County Board of Supervisors on February 19, 2008. Respective changes to the By-Laws will be made to reflect the updated approved membership.

C. Golden State Air Ambulance

Golden State Air is available for service; it appears that most of their business is generated from the west side of the Sierra, as well as points south of Inyo County. (Most flight service discussion was already covered at this point in the meeting.)

D. National Registry Test Site

Inyo County is pursuing with the State for a testing site closer to, or in, Inyo County. Diane had brought a copy of the newspaper article (Inyo Register) that detailed what they were trying to do. Mono County has requested the same through written correspondence; without a reply from the State EMS Authority. Diane suggested additional correspondence asking for SOME TYPE of a reply (common courtesy; probably not in State protocol).

E. Tri-Valley Update

Tri-Valley update was covered in New Business, "A" (Chalfant Fire)

F. AED Update

AED protocols are just about finished; Ray is making a few last changes, with ICEMA approval. As Medical Director, Dr. Johnson will be provided with annual reports on training, maintenance and equipment inspections and a "usage" report within 30 days of an actual use event. Mono County Fire/Rescue will take point on this documentation with cooperation from the Special Districts.

G. First Responder Training

First Responder Training is just about approved by ICEMA. Ray McGrale was not in attendance to give an informed update. Tabled until next meeting.

V. OTHER/PUBLIC COMMENT

None.

VI. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

A. AED use in County facilities, EMCC to make recommendation to Board?
B. Emergency Medical Dispatch.

VII. NEXT MEETING DATE AND LOCATION

Thursday, May 22, 2008, 09:00 a.m. Mammoth Hospital ED Lounge/Conference room.

VIII. ADJOURNMENT

11:40 a.m.

REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS
COUNTY OF SAN BERNARDINO, CALIFORNIA
INLAND COUNTIES EMERGENCY MEDICAL AGENCY
AND RECORD OF ACTION

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May 6, 2008

FROM: **VIRGINIA HASTINGS,** Executive Director
Inland Counties Emergency Medical Agency

SUBJECT: **ORDINANCE RELATED TO 2008-09 PROPOSED INLAND COUNTIES EMERGENCY MEDICAL AGENCY FEES**

RECOMMENDATION:

1. Conduct hearing regarding proposed ordinance relating to 2008-09 Inland Counties Emergency Medical Agency Fees.

2. Read title only of proposed ordinance relating to 2008-09 Inland Counties Emergency Medical Agency Fees; waive reading of the entire text and **CONTINUE TO TUESDAY, MAY 13, 2008 AT 10:00 a.m.** for adoption.

BACKGROUND INFORMATION: On March 25, 2008 (Item No. 76), the Board of Supervisors adopted the 2008-09 County Fee Ordinance for all County Departments. That early adoption date for fees allowed for the adoption of fees to occur prior to the development of the proposed budget, and for the fees to become effective at the beginning of the new fiscal year (July 1). This provides a better match between fee amounts and the cost of the services they are intended to cover throughout the fiscal year.

Fees for Inland Counties Emergency Medical Agency (ICEMA) had in past years been presented with County Departments. However, as a Joint Powers Authority governed by the Board of Supervisors, presentation of their fees, as a separate ordinance was more appropriate.

The effective date of the ICEMA Fee Ordinance, with the exception of the fee for cardiac center applications, will be July 1, 2008. These fees have a positive impact to the ICEMA budget. The revenues associated with the fees are completely used to offset salary and inflationary costs and to cover expenses for new services provided by the ICEMA. The $5,000 application fee for cardiac centers will be effective thirty (30) days from adoption of this Ordinance to allow ICEMA to begin immediate implementation of its new program for the establishment and designation of Cardiovascular ST Elevation Myocardial Infarction Receiving Centers throughout San Bernardino County. The specific criteria for implementation of this new program was presented and approved by the Board on April 22, 2008.

Record of Action of the Board of Directors

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REVIEW BY OTHERS: This item has been reviewed by County Counsel (Adam Ebright, Deputy County Counsel, 387-4229) on April 10, 2008. This item has also been reviewed by County Administrative Office (Trudy Raymundo, Administrative Analyst, 387-3986) on April 09, 2008.

FINANCIAL IMPACT: The fee changes, if approved, will generate approximately $82,679 in revenue and offset appropriations by the same amount. The revenue will be used to offset salary and inflationary costs associated with providing existing and implementation of any new services proposed.

SUPERVISORIAL DISTRICT(S): All

PRESENTER: Virginia Hastings, Executive Director, 388-5830

Proposed 08-09 ICEMA Fee Schedule

AN ORDINANCE OF THE INLAND COUNTIES EMERGENCY MEDICAL AGENCY, STATE OF CALIFORNIA, SETTING FORTH FEES FOR EMERGENCY MEDICAL SERVICES

The Board of Supervisors of the County of San Bernardino, State of California, acting as the Governing Board of the Inland Counties Emergency Medical Agency, ordains as follows:

SECTION 1. Fees

Emergency Medical Services

(1) (A) (I) Annual EMS Pre-hospital Provider Permit/Authorization $1,496.00

(II) Annual EMS Pre-hospital Provider Permit/Authorization Late Penalty $300.00

(B) Annual EMS Unit Inspection $300.00/unit

(2) EMS Certification fees:

(A) Mobile Intensive Care Nurse (MICN):

(I) Certification $85.00

(II) Recertification $85.00

(III) Challenge $225.00

(B) EMT-P:

(I) Accreditation $75.00

(C) EMT-II:

(I) Certification $85.00

(II) Recertification $85.00

(III) Challenge $225.00

(D) EMT-I:

(I) Certification $30.00

(II) Recertification $30.00

(III) Challenge $75.00

(IV) Reciprocity $30.00

(E) EMS Dispatchers:

(I) Certification $30.00

(II) Recertification $30.00

(III) Challenge $60.00

(F) First Responders:

(I) Certification $30.00

(II) Recertification $30.00

(III) Challenge $75.00

(G) Certification/Accreditation card replacement $20.00

(H) Certification/Accreditation card name change $20.00

(I) Training Program Approval:

(I) MICN $300.00

(II) EMT-I $575.00

(III) EMT-P $1,000.00

(IV) Annual Review Curriculum Instruction $300.00

(V) First Responder $200.00

(J) Hospitals

(I) Base Hospital Application $2,500.00

(II) Base Hospital Reapplication $525.00

(III) Trauma Hospital Application Fee $5,000.00

(IV) Trauma Hospital Annual Redesignation $25.000.00

(V) Cardiac Center Application Fee $5,000.00

(K) Equipment Rental $10.00/item

(L) Continuing Education Provider Approval $210.00

(3) EMS Temporary Special Events:

(A) Minor Event Application $75.00

(B) Major Event Application $315.00

(4) Protocol Manual:

(A) With binder $25.00

(B) Inserts only $15.00

(5) Re-test $50.00

(6) Administrative Manual..... $50.00

(7) Statistical Research $50.00/hour

SECTION 2. This ordinance shall take effect on July 1, 2008.

Paul Biane, Chairman
Board of Supervisors

SIGNED AND CERTIFIED THAT A COPY
OF THIS DOCUMENT HAS BEEN DELIVERED
TO THE CHAIRMAN OF THE BOARD

DENA M. SMITH, Clerk of the
Board of Supervisors

STATE OF CALIFORNIA)
) ss.
COUNTY OF SAN BERNARDINO)

I, DENA M. SMITH, Clerk of the Board of Supervisors of the County of San Bernardino, State of California, hereby certify that at a regular meeting of the Board of Supervisors of said County and State, held on the 11th day of March, 2008, at which meeting were present Supervisors: Mitzelfelt, Biane, Hansberger, Ovitt, Gonzales, and the Clerk, the foregoing ordinance was passed and adopted by the following vote, to wit:

AYES: SUPERVISORS:

NOES: SUPERVISORS:

ABSENT: SUPERVISORS:

Proposed 08-09 ICEMA Fee Schedule

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Board of Supervisors this 11th day of March, 2008.

DENA M. SMITH, Clerk of the
Board of Supervisors of the
County of San Bernardino,
State of California

_____
Deputy

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

FEE SCHEDULE EFFECTIVE 06/12/1998

Annual EMS Prehospital Provider Permit/Authorization			$1425.00
Annual EMS unit inspection			200.00/unit
EMS certification fees:			
(A)	Mobil Intensive Care Nurse (MICN):		
	(I)	Certification	$ 85.00
	(II)	Recertification/Inactive Status	-0-
	(III)	Challenge	225.00
(B)	EMT-P:		
	(I)	Initial Accreditation	$ 75.00
(C)	EMT-II:		
	(I)	Certification	$ 85.00
	(II)	Recertification	85.00
	(III)	Challenge	225.00
(D)	EMT-I:		
	(I)	Certification	$ 30.00
	(II)	Recertification	30.00
	(III)	Challenge	75.00
	(IV)	Reciprocity	30.00
(E)	EMT-ID: (Not applicable effective January 1, 2002)		
	(I)	Certification	$ 30.00
	(II)	Recertification	30.00
	(III)	Challenge	75.00
(F)	EMS-DISPATCHERS:		
	(I)	Certification	$ 25.00
	(II)	Recertification	25.00
	(III)	Challenge	60.00
(G)	FIRST RESPONDERS:		
	(I)	Certification	$ 30.00
	(II)	Recertification	30.00
	(III)	Challenge	75.00
(H)	Certification of card replacement (duplicate card)		20.00
(I)	Certification of card name change (duplicate card)		20.00
(J)	Training Program Approval:		
	(I)	MICN	$ 300.00
	(II)	EMT-I	575.00
	(III)	EMT-P	1000.00
(K)	Biennial Base Hospital Application		500.00
(L)	Equipment rental		10.00/item
(M)	Continuing education provider approval		200.00
EMS temporary special events:			
	(A)	Minor event application	$ 75.00
	(B)	Major event application	300.00
Miscellaneous Fees:			
	(1)	ALS or BLS Binder	$ 10.00/ea
	(2)	ALS or BLS Insert (includes tab dividers)	15.00/ea
	(3)	ALS or BLS Manual	25.00/ea
	(4)	Bi-monthly Newsletter Subscription	20.00/2 yrs
	(5)	Admin Manual Subscription	50.00
	(6)	Retest Fee	50.00

EMSAAC Legislative Bill Chart 2008 - #13
May 2, 2008

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
	Assembly Bills		
AB 38/Nava S – **Appr** Amended 4/14/08	Consolidates the Office of Emergency Services and Office of Homeland Security into one department.	Watch	
AB 64/Berg S – Appr Amended 7/11/07	Enacts the Uniform Volunteer Health Practioners Act which would provide procedures to register volunteer health practioners with valid and current licenses in other states. Allows a volunteer to practice, through a host entity, health or veterinary services as appropriate to his or her license for the duration of a state or local emergency. Requires coordination between EMSA and OES.	Watch	
AB 211/Jones S – Floor Inactive File Amended 9/5/07	Authorizes a local health officer to provide public health input to cities and counties as it relates to local land use planning and transportation planning processes.	Watch	Previously AB 437/Jones.
AB 1646/DeSaulnier S – Health and Rev & Tax Amended 1/17/08	If approved by the voters, a Board of Supervisors may levy a sales and use tax to provide funding for disease prevention, surveillance and containment.	Watch	
AB 1869/Adams A – Business & Professions Failed Passage Amended 4/3/08	Eliminates various state commissions, boards and committees including the Commission on Emergency Medical Services.	O-1	
AB 1929/Beall A – Appr Suspense File Amended 4/3/08	Extends supplemental reimbursement provisions, already provided to DSH hospitals, to capital projects of Level I and Level II trauma centers, to the extent federal financial participation is available.	S-1	4/14/08 Letter to Assembly Appropriations
AB 1933/Nava A - Rules Amended 4/8/08	Removes the sunset for the special Santa Barbara County Maddy legislation enacted in 2004. Dramatically decreases the types of vehicle penalty assessments going to their Maddy Fund. Eliminates the special diversion of 17% in the SB Maddy Fund to trauma care. Directs Santa Barbara County to place a tax ordinance on the 11/08 ballot to ensure the collection of sufficient funds to support their trauma center.	O-1 Pending info from S. Barb Co.	

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
AB 2130/Hayashi S - **Judiciary** Amended 4/14/08	Exempts health studios without personnel on premises from requirement to have AEDs available. Such exempted studios must have a telephone on the premises and signs posted regarding the risks of exercising alone and instructions on CPR and AED use.	Watch	
AB 2185/Torrico A – **Appr** **Suspense File**	Changes definitions in existing law on public safety communications systems including the meaning of "backward compatibility" that all systems purchased are able to function with prior versions of equipment and "standards-based equipment or systems" meaning equipment built to a voluntary consensus-based industry standard or governmentally recognized industry standard.	Watch	
AB 2207/Lieu A – Appr Amended 4/22/08	Requires all licensed general acute care hospitals to assess the condition of their emergency department every 3 hours and calculate and record a NEDOCS score. Requires all general acute care hospitals to develop and implement full capacity protocol for each of the categories of the overcrowding scale and to require these full capacity protocols with OSHPD. Also would require all hospitals to develop and implement a written flu season protocol.	S-2	
AB 2257/Hernandez A – Appr **Suspense File** Amended 4/21/08	Enacts the Ambulance Payment Reform Act of 2008 providing that emergency basic life support and advanced life support services are covered under Medi-Cal when it is determined by DHCS a patient could reasonably expect that an absence of immediate medical attention would result in significant adverse health effects. Establishes maximum reimbursement rates for emergency and nonemergency transportation services.	S-1	
AB 2262/Torrico A – Appr **Suspense File**	Allows fire agencies to designate child "safe-surrender sites". Also extends the amount of time when a baby may be surrendered from 72 hours to 7 days.	Watch	
AB 2400/Price A – Appr Amended 3/24/08	Requires general acute care hospitals or psychiatric hospitals, prior to closing or eliminating services, to provide public notice on all entrances into the facility, notice to the CDPH, notice to the local board of supervisors and notice to the local governmental entity in charge of the provision of health services. Also requires said health facility, 18 months after proposed changes have been made, to report to CDPH and the public on the impact of the changes on mortality, morbidity, readmissions, patient injuries and infection rates.	Watch	
AB 2490/Jeffries A – Appr **Suspense File** Amended 4/2/08	Creates the CA Public Safety Agency, folding in the following entities: CA Highway Patrol, Department of Forestry, EMSA, OES, Homeland Security, the State Fire Marshall and the Office of Traffic Safety.	OUA	Amendment: Removal of EMSA 4/4/08: Joint letter with CHEAC to author. 4/7/08: Jnt letter with CHEAC to A. Bus & Prof. 4/25/08: Jnt letter with CHEAC to A. Appr.

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
AB 2697/Huffman A – **Floor** Amended 4/15/08	Requires boutique hospitals to contract with an independent contractor to study the impact of the boutique hospital on the health of the community care system. Requires reports to be filed with OSHPD.	S-3	
AB 2702/Nunez A – **Appr**	Adds standby emergency services in a Los Angeles facility to the list of eligible entities for Maddy Fund emergency services reimbursements.	O-3	
AB 2819/DeSaulnier A – Public Safety **Set for hearing 4/29/08** **Not heard** Amended 4/23/08	Provides that no firefighter, EMT-I, EMT-II or EMT-P, shall be subject to criminal prosecution for any legal act performed in the course and scope of their employment. Immunity does not apply when employee is subject to criminal prosecution for acts or omissions performed outside of their professional capacity or with demonstrable general criminal intent.	WC	
AB 2917/Torrico A – Appr Suspense File Amended 4/2/08	Establishes integrated (employer/LEMSA) process for disciplining EMT's. Requires EMSA to develop regulations for disciplinary procedures. Other provisions.	Watch	
AB 2996/De La Torre A – Floor	Requires the Department of Public Health and local health departments to establish a process when conducting exercises on the outbreak of an infectious disease to identify any deficiencies in the preparedness plans and procedures and track implementation of corrective measures.	WC	
AB 3000/Wolk **In Senate**	Redefines a request to forgo resuscitative measures to a "request regarding resuscitative measures". Also defines a *Physician Order for Life Sustaining Treatment* form.	S-1	
	SENATE BILLS		
SB 261/Romero A – Appr Suspense File Amended 8/20/07	Eliminates some of the qualifying criteria for the distribution of trauma funding. Requires EMSA to establish a statewide trauma registry and requires LEMSAs to provide data to the Authority by 7/1/09 based on criteria developed by EMSA. Authorizes EMSA to audit trauma care facilities and makes EMSA the lead agency responsible for the centralized state regional trauma system.	WC	8/10/07 Letter to Assembly Appropriations.
SB 981/Perata A – Health & Appr	Requires any non-contracting hospital-based physician who provides emergency services in a hospital to a health plan's enrollee to seek reimbursement for medically necessary emergency services provided to the health plan enrollee.	Watch	
NEW BILL **SB 997/Ridley-Thomas** **A – Public Safety** **Amended 4/28/08**	**EMT certification and licensure bill.**	**O-1**	**Sponsor: CA Professional Firefighters**

Bill Number/ Author/Location	Description	EMSAAC Position	Letters to Committee Comments
SB 1141/Margett **In Assembly Amended 4/29/08**	~~Declares that it's the policy of the state to promote an emergency readiness capability for public use aircraft though the law may not be construed as restricting or authorizing a restriction on the use of public aircraft for emergency services.~~ **Prevents state and local regulation of public aircraft.**	WC	Sponsor: San Bernardino & LA County Sheriffs 3/24/08 Letter to Senate Health. 4/17/08 Letter with concerns to Senate Health.
SB 1236/Padilla A – **Public Safety** Amended 4/3/08	Extends until 1/1/14 existing law that that allows a county board of supervisors to levy an additional penalty in the amount of $2 for every $10, upon fines, penalties and forfeitures collected for criminal offenses while also requiring counties, that have pediatric trauma units, to spend up to 15% of the funds collected pursuant to these provisions for pediatric trauma centers.	S-1	3/14/08 Letter to Senate Public Safety.
SB 1501/Alquist S - Rules	Spot bill on emergency preparedness.	Watch	
SB 1533/Ashburn S – Health	EMT licensure bill.	Watch	Sponsor: CAA
SB 1537/Kehoe S – Appr **Suspense File** Amended 3/28/08	Specifies that the southern CA fires are eligible for 100% of state share costs.	Watch	

CHEAC Legislative Position Chart

S - 1 **Strong Support**	**S - 2** **Soft Support**	**S - 3** **Discretionary Support**	**SIA** **Support if Amended**
O - 1 **Strong Oppose**	**O - 2** **Soft Oppose**	**O - 3** **Discretionary Oppose**	**OUA** **Oppose Unless Amended**
WC **Watch with Concerns**	**W - SIB** **Watch - Special Interest Bill**	**W** **Watch**	**R/BB** **Refer/Bring Back**

BY-LAWS OF

MONO COUNTY

EMERGENCY MEDICAL CARE COMMITTEE

ARTICLE I

NAME

This organization shall be known as the Mono County Emergency Medical Care Committee (EMCC).

ARTICLE II

GEOGRAPHIC AREA

The committee will serve all of Mono County.

ARTICLE III

AUTHORIZATION

Authority for establishing the Emergency Medical Care Committee has been provided by California Health & Safety Code, Division 2.5, Section 1797.270 et seq.

ARTICLE IV

PURPOSE

The committee:

A. Shall function in an advisor manner of the local EMS Agency known as the Inland Counties Emergency Medical Agency (ICEMA).

B. Shall participate in the planning process for the establishment of goals, objectives, policies and procedures for the local EMS Agency.

C. Shall assist in the establishment and offer advice on policy and procedures governing pre-hospital care in Mono County.

D. Encourage and educate the public to understand the nature of pre-hospital emergency medical care and encourage support throughout the county for the development and implementation of effective EMS plans.

E. Review and periodically evaluate the County's EMS program needs, services, facilities and special programs.

F. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process leading to the formation and adoption of the County EMS programs.

G. It shall fulfill its reporting requirements of the California Health and Safety Code, Chapter 9, Section 1751.

ARTICLE V

MEMBERSHIP

A. The Mono County Emergency Medical Care Committee shall consist of seven (7) voting members appointed for a period of two (2) years.

B. Members shall have a professional interest in or personal commitment to pre-hospital emergency medical care in their community. The members shall include representatives from each of the local agencies actively associated with pre-hospital emergency medical care. Agencies represented shall include:

- Mono County Fire Chief's Association Representative
- Mono County Health Officer
- Mono County Paramedic Coordinator
- Mammoth Hospital Paramedic Liaison Nurse
- Mammoth Hospital EMS Director

C. In the event that prior to the expiration of his/her term, a member ceases to retain the status, which qualified him/her for appointment to the committee, his/her membership on the committee shall terminate. The vacancy will be filled by the Mono County Board of Supervisors after recommendation from the members of the EMCC.

D. An alternative representative who, when recognized in that capacity by the committee chairperson, will have the rights and voting privileges of the official committee member in his/her absence.

E. The members of the committee may be removed for cause pursuant to standards adopted by the committee, which are consistent with the provisions of the Health and Safety Code.

ARTICLE VI

OFFICERS & DUTIES

A. Election of officers will occur during the first annual meeting.

B. Officers: General Duties

1. *Chairperson*

   Call regular and special meetings, approve the agenda, preside over meetings, conduct and expedite business in the name of the committee.

2. *Vice Chairperson*

   Preside over meetings in the absence of the Chairperson.

C. Term of office shall be for one (1) year.

D. Only voting members may be elected officers.

ARTICLE VII

MEETING SCHEDULES

A. Regular meetings shall be held at least quarterly.

B. Special meeting shall be held at the discretion of the Chairperson.

C. All meetings of the committee shall be open to the public.

ARTICLE VIII

PROTOCOL

A. A quorum shall consist of a majority of voting members present at the meeting. A 2/3 majority of the quorum shall constitute a vote of the EMCC.

B. All meetings shall observe Rules of Order.

ARTICLE IX

AMENDMENTS

Proposed by-law amendments shall be circulated to the committee in writing at least fifteen (15) days in advance of the meeting at which a vote may be called.

ARTICLE X

RELATIONSHIP TO THE LOCAL EMS AGENCY

A. The EMCC may submit any comments regarding the Mono County EMS programs to the local EMS Agency.

B. At any time, if the Committee desires, it may request an explanation by the Health Officer for action he/she has taken which relate directly to the local EMS Agency.

C. Any minority group within the structure of the Committee may submit an official minority report.

Approved by Committee action:

Signature on File
Chairperson

EMERGENCY MEDICAL DISPATCHER CERTIFICATION

PURPOSE

To define requirements for initial certification of eligible individuals as an Emergency Medical Dispatcher (EMD) at an approved EMD Dispatch Center in the Inland Counties Region.

POLICY

The applicant shall be issued an EMD certificate upon successful completion and verification of all of the requirements.

The expiration date of an EMD certificate shall be two (2) years from the date of successful completion of the EMD certifying examination.

The certification fee paid to ICEMA is nonrefundable.

ELIGIBILITY

In order to be eligible to become certified as an EMD, an individual must:

1. Be eighteen (18) years of age or older.
2. Document successful completion of an ICEMA approved EMD Training Program within the last six (6) months (a list of approved programs is available through ICEMA).
3. Have a current American Heart Association BCLS level B or an American Red Cross Community CPR card.

PROCEDURE

1. An individual applying for certification as an EMD within the ICEMA region shall:
   a. Submit a completed ICEMA application form within six (6) months of being issued a course completion record. Incomplete applications will not be accepted or acknowledged and will be returned to the individual.
   b. Complete a statement that the individual is not precluded for certification for reasons defined in Section 1798.200 of the Health and Safety Code.
   c. Submit a 1" x 1¼" drivers' license-type photograph, no hats or dark glasses accepted. A photo may be taken at ICEMA at no charge. If the photo is submitted by mail, it will be necessary that it be accompanied by a photocopy of the applicant's driver's license for verification purposes.
   d. Pay the established fee at time of application (Cashier's check, money order, cash or agency check only; no personal checks will be accepted).
   e. Submit a photocopy of the individual's current BCLS/CPR card as specified above.
2. After verification of eligibility, the applicant shall take the ICEMA written certification exam. The individual must score at least eighty percent (80%) in order to successfully complete the written examination. The individual will be allowed to take the certification examination a second time and must score at least eighty percent (80%) to be successful. Failure to successfully complete the written certification exam on the second attempt will constitute failure of the entire process, and the individual must take and successfully complete an approved EMD basic course in order to re-enter the certification process.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY GRAY DAVIS, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX (916) 324-2875

EMERGENCY MEDICAL SERVICES

DISPATCH PROGRAM

GUIDELINES

March 2003
EMSA #132

EMERGENCY MEDICAL SERVICES

DISPATCH PROGRAM

GUIDELINES

Prepared by

Richard E. Watson
Interim Director

Maureen McNeil
EMS Division Chief

Carol Biancalana
Communications Dispatch Coordinator

March 2003

Vision Access Committee Members

Larry Anderson Fremont Fire Department	California Fire Chiefs Association
Carol Biancalana Communications/Dispatch Coordinator	EMS Authority
Linda Broyles Scripps Hospital	Emergency Nurses Association (ENA)
Geoff Cady EMS Consultant	National Academy of Emergency Dispatch
Jeff Clet Fire Chief, City of Gilroy	Chair, Vision Access Committee
Robert Cordray EMS Training Division	State Fire Marshal
Jeff Fehlberg Heartland Fire Communications	California Chapter of National Emergency Numbers Association
Virginia Ferral Dispatch Manager, Placer County	California Sheriff's Association
Jay Goldman, M.D. Kaiser Permanette	Managed Care Organizations Emergency Medical Directors Association of California
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Mark Hartwig San Bernardino County Fire Dept	California Professional Firefighters
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Cindy Keehen Supervising Public Safety Dispatcher San Jose Fire Department	Association of Public Safety Communications Officials (APCO) Northern California Chapter
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Sam Spiegel Police Chief, City of Folsom	California Peace Officers Association California Police Chiefs Association
Miranda Swanson Vision Project Manager	EMS Authority
Mike Warren Fire Chief, City of Corona	League of California Cities
Kevin White EMS/Health & Safety Director	California Professional Firefighters
Sue Wright Information Management Division	California Highway Patrol

TABLE of CONTENTS

Introduction and Background

The following Emergency Medical Dispatch (EMD) Guidelines were developed to provide a consistent, statewide standard for emergency medical dispatch agencies and dispatchers that choose to implement an EMD program. The Guidelines include provisions for EMD training, continuing education, medical direction, continuous quality improvement, and for pre-approved medical protocols (instructions) used to give medical advice to 9-1-1 callers at the scene of an emergency. The National Highway Traffic Safety Administration's (NHTSA) Emergency Medical Dispatch National Standard Curriculum (1994-1995), and the American Society of Testing and Standards (ASTM) EMD practices (ASTM F-1258 Emergency Medical Dispatchers, ASTM F-1552 EMD Training Instructor Qualifications and Certification, and ASTM F-1560 EMD Management) documents were consulted in the development of the EMD Guidelines in addition to current industry standards.

The Emergency Medical Dispatch (EMD) Guidelines document is the product of numerous meetings held by the EMS Vision Access Committee conducted over a three-year period and has been developed for usage within the 9-1-1 system environment. The EMD Guidelines were drafted by a multi-disciplinary committee representing all dispatcher stakeholder interests (law enforcement, fire departments, ambulance companies, hospitals, medical directors, and EMS and dispatch administrators, etc). The intent of the document is to provide voluntary, statewide EMD Guidelines to encourage both primary and secondary public safety answering points to use medical pre-arrival instructions and EMD protocols. The Access Committee uses the word "shall" to emphasize the Committee's intent that if an agency implements EMD they should follow the Guidelines.

In the development of the EMD Guidelines document, the Vision Access Committee made a fundamental decision to create a document that would be "enabling" rather than "limiting". The Vision Access Committee specifically left statutory references out of the document because the Guidelines do not take away authority given in statute or regulation. The EMD Guidelines contain all of the core components of an EMD program.

The Commission on Emergency Medical Services (EMS) and the EMS Authority joined in a cooperative effort to improve EMS statewide in June 1997 by participation in the EMS Vision for the Future Project. Eight committees were established and each was assigned to review a different EMS category (Finance, Governance and Medical Control, Education and Personnel, System Evaluation and Improvement, Access, and Prevention and Public Education). Each of the committees was chaired by a commissioner. The original eight committees were reduced to the six committees mention above during the first Vision conference, December 3-4, 1998.

The Vision Access Committee, one of the six multi-disciplinary, volunteer committees, reviewed eight EMS communication objectives submitted during the first EMS Vision Conference. These eight objectives were consolidated into four by the Committee. Development of Emergency Medical Dispatch Guidelines was one of the Committee's four objectives.

The EMS Vision Access Committee reviewed and approved the draft EMD Guidelines document on August 23, 2002 with two abstaining votes—one from the EMS Administrators

Association of California and one from the California Emergency Nurses Association. The EMD document was then forwarded to the Vision Leadership Team (VLT) for review and approval. At the September 10, 2002 meeting, the VLT unanimously approved the EMD Guidelines with the caveat that there should be more discussion on medical oversight and system organization. The EMD Guidelines were submitted to the EMS Authority, and with the approval of the Commission on EMS, EMSA distributed the Guidelines for public comment on December 18, 2002. The public comment period ended February 6, 2003 and comments were compiled by EMS Authority staff. Based on these comments, the EMS Authority revised the EMD Guidelines and sent them for approval to the Commission on EMS at its March 19, 2003 meeting where they were approved as amended.

EMERGENCY MEDICAL DISPATCH PROGRAM GUIDELINES

I. DEFINITIONS

A. **Advanced Life Support (ALS) Provider** shall mean special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

B. **Compliance to Protocol** shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system except that, deviation from the text or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.

C. **Continuing Dispatch Education (CDE)** shall mean educational experiences in accordance with these guidelines.

D. **Continuous Quality Improvement (CQI) Program** shall mean a program administered by the emergency medical dispatch provider agency for the purpose of insuring safe, efficient, and effective performance of emergency medical dispatchers in regard to their use of the emergency medical dispatch protocol reference system, and patient care provided. This program includes at its core the follow: the random case review process, evaluating emergency medical dispatcher performance, providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers, and submitting compliance data to the emergency medical dispatch medical director.

E. **Course Curriculum Certification Agency** shall mean the Commission on Peace Officer Standards and Training (POST), the State Fire Marshal's Office (SFM), local EMS agencies, and/or the Emergency Medical Services Authority (EMSA).

F. **Dispatch Life Support (DLS)** shall mean the knowledge, procedures, and skills used by trained emergency medical dispatchers in providing care and advice through post dispatch instructions and pre-arrival instructions to callers requesting emergency medical assistance.

G. **Emergency Medical Dispatcher** shall mean a person trained to provide emergency medical dispatch services in accordance with these guidelines, and that is employed by an emergency medical dispatch provider agency.

H. **Emergency Medical Dispatch (EMD)** shall mean the reception, evaluation, processing, and provision of dispatch life support; management of requests for

emergency medical assistance; and participation in ongoing evaluation and improvement of the emergency medical dispatch process.

I. **Emergency Medical Dispatch Medical Direction (EMD Medical Direction)** shall mean the management and accountability for the medical care aspects of an emergency medical dispatch provider agency including: responsibility for the medical decision and care rendered by the emergency medical dispatcher and emergency medical dispatch provider agency; approval and medical control of the emergency medical dispatcher priority reference system; evaluation of the medical care and pre-arrival instructions rendered by the emergency medical dispatch personnel; direct participation in the emergency medical dispatch system evaluation and continuous quality improvement process; and the medical oversight of the training of the emergency medical dispatch personnel.

J. **Emergency Medical Dispatch Medical Director (EMD Medical Director)** shall mean a person who is licensed as a physician in California, board certified or qualified in emergency medicine; who possesses knowledge of emergency medical systems in California and of the local jurisdiction; and who provides emergency medical dispatch medical direction to the emergency medical dispatch provider agency.

K. **Emergency Medical Dispatch Protocol Reference System (EMDPRS)** shall mean a medical director approved emergency medical dispatch system that includes: the protocol used by an emergency medical dispatcher in an emergency medical dispatch provider agency to dispatch aid to medical emergencies that includes: systematized caller interrogation questions; systematized dispatch life support instructions; systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each emergency medical dispatcher; and a training curriculum and testing process consistent with the specific emergency medical dispatch protocol reference system used by the emergency medical dispatch provider agency.

L. **Emergency Medical Dispatch Training Program Manager (EMD Training Program Manager)** shall mean a person who is qualified by education and experience in methods, materials, and evaluation of instruction as well as adult education theory and practice. The EMD Training Program Manager shall be responsible for the administration of the training program and assure that all aspects of the EMD training program are in compliance with these guidelines.

M. **Emergency Medical Dispatch Provider Agency (EMD Provider Agency)** shall mean any company, organization, or government agency that accepts the responsibility to provide emergency medical dispatch services for emergency medical assistance in accordance with these guidelines.

N. **Emergency Medical Dispatch Services** shall mean the process for taking requests for emergency medical assistance from the public, identifying the nature of the request, prioritizing the severity of the request based on the emergency medical dispatch provider agency's local policies and procedures, dispatching the necessary resources, providing

medical aid and safety instructions to the callers, and coordinating the responding resources as needed.

O. **Post-Dispatch Instructions (PDI)** shall mean case-specific advice, warning, and treatments given by trained emergency medical dispatchers whenever possible and appropriate through callers after dispatching field responders.

P. **Pre-Arrival Instructions (PAI)** shall mean the medically approved scripted instructions given in time-critical situations where correct evaluation, verification, and advice is given by trained emergency medical dispatchers to callers that provide necessary assistance and control of the situation prior to arrival of emergency medical services personnel.

Q. **Vehicle Response Configuration** shall mean the specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance.

R. **Vehicle Response Mode** shall mean the use of emergency driving techniques, such as warning lights-and-sirens versus routine driving response.

II. GENERAL PROVISIONS

A. Implementation of an Emergency Medical Dispatch Program

1. The decision to implement an Emergency Medical Dispatch (EMD) program shall reside at the lowest level of local government responsible for public safety dispatch services.
2. Implementation of an EMD program shall be coordinated with the local EMS Agency Medical Director.

B. EMD Program Components shall include the following:

1. Emergency medical dispatch protocol reference system (EMDPRS)
2. Basic EMD Training Program and Curriculum Standards
3. Continuing Dispatch Education (CDE) Standards
4. Continuous Quality Improvement (CQI) Standards
5. Policies and Procedures
6. Medical Direction and Oversight
7. Records Management

C. Scope of Practice of the Emergency Medical Dispatcher

1. The emergency medical dispatcher scope of practice includes any or all of the following duties and responsibilities:
   a. Receiving and processing calls for emergency medical assistance,
   b. Determining the nature and severity of medical incidents,
   c. Prioritizing the urgency of the response,
   d. Dispatching appropriate emergency medical services (EMS) resources,
   e. Giving post-dispatch and pre-arrival instructions to callers at the scene of an emergency,
   f. Relaying pertinent information to responding personnel,

g. Coordinating with public safety and EMS providers as needed, and
h. Other medical activities as approved by the EMD Medical Director.

III. EMD PROGRAM COMPONENTS

A. Emergency Medical Dispatch Protocol Reference System (EMDPRS)

1. An EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the EMD Medical Director as its foundation.

2. The EMDPRS is a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies.

3. An approved EMDPRS shall include:
   a. Systematized caller interrogation questions,
   b. Systematized dispatch life support instructions,
   c. Systematized coding protocols that allow the agency to match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode (emergency and/or non-emergency) and level of care (ALS/BLS).

B. Basic EMD Training and Curriculum Guidelines

1. Basic EMD training is designed to provide additional training to dispatchers who are already skilled and knowledgeable in dispatch and telecommunication procedures in order to provide medical assistance to callers.

2. Required Basic EMD Training Course Hours
   a. Basic EMD Training shall consist of not less than twenty- four (24) hours (one classroom hour of instruction shall be defined as fifty minutes).
   b. In addition, emergency medical dispatchers shall satisfactorily obtain and maintain a record of course completion in adult, child, and infant CPR.

3. Required Basic EMD Training Course Content.
   a. The Basic EMD Training course content shall include instruction to result in competence in the following:
      1) Introduction
         a) Emergency Medical Dispatcher role and responsibilities
         b) Legal and liability issues in EMD
         c) Emergency Medical Dispatch concepts
      2) Information gathering and dispatch
         a) Obtaining information from callers
         b) Resource identification and allocation
         c) Providing emergency care instructions, including Automated External Defibrillation
      3) EMD protocol reference system and chief complaints
         a) Introduction to the emergency medical dispatch protocol reference system
         b) Introduction to chief complaint types

4) Local EMS system overview
5) Scenario based skills/practical exercises
6) Final examination

b. Course content shall be reviewed and approved by the EMD Medical Director who provides oversight of the program.

4. Training Program Provider Criteria
   a. Each training program provider shall have:
      1) An EMD Training Program Manager that can correct any elements of the program found to be in conflict with these guidelines.
      2) A management structure that monitors all of its EMD training programs.

5. EMD Instructor Criteria
   a. Each training program shall have a principal instructor(s), approved by the EMD Training Program Manager, who:
      1) Is a currently licensed or certified physician, registered nurse, physician assistant, EMT-P, or EMT- II, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services, and with training in emergency medical dispatch; or
      2) Is an emergency medical dispatcher with at least two years of practical experience within the last five years.

6. Course Curriculum Certification
   a. EMD course curriculum shall be submitted to the training program provider's course curriculum certification agency (POST, CSFM, LEMSA, or EMSA).
   b. It is the training program provider's responsibility to submit the curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
   c. The training program provider shall issue a course completion record to each person who has successfully completed an EMD course.

C. Continuing Dispatcher Education Standards

1. An emergency medical dispatcher shall receive a minimum of twenty-four (24) hours of continuing dispatch education (CDE) every two years.

2. CDE shall be coordinated and organized through the EMD Provider Agency, and approved by the EMD Medical Director.

3. CDE shall include issues identified by the EMD continuous quality improvement process, and one or more of the following:
   a. Medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls,
   b. Use of the EMD protocol reference system,
   c. Call taking interrogation skills,
   d. Skills in providing telephone pre-arrival instructions,
   e. Technical aspects of the system (phone patching, emergency procedures, etc.),

f. Skill practice and critique of skill performance, and/or
g. Attendance at EMD workshops/conferences.

4. Methodologies for presenting CDE includes:
   a. Formalized classroom lecture
   b. Video, CD, Internet
   c. Articles
   d. Tape Reviews
   e. Participation on medical dispatch committee and/or
   f. Field observations (e.g. ride-alongs with EMS personnel or Emergency Department observation of communications activities).

5. Formalized classroom CDE may be submitted to the training program provider's course curriculum certification agency (POST, CSFM, LEMSA or EMSA) to count towards continuing dispatch education credits.
   a. If the training program provider chooses to submit CDE curriculum to their course curriculum certification agency:
      1. It is the training program provider's responsibility to submit the CDE curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.
      2. The training program provider shall issue a course completion record to each person who has successfully completed a CDE course.

D. Continuous Quality Improvement Standards

1. The EMD Provider Agency shall establish a continuous quality improvement (CQI) program.

2. A continuous quality improvement program shall address structural, resource, and/or protocol deficiencies as well as measure compliance to minimum protocol compliance standards as established by the EMD Medical Director through ongoing random case review for each emergency medical dispatcher.

3. The CQI process shall:
   a. Monitor the quality of medical instruction given to callers including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards.
   b. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
   c. Review EMD reports, and /or other records of patient care to compare performance against medical standards of practice.
   d. Recommend training, policies and procedures for quality improvement.
   e. Perform strategic planning and the development of broader policy and position statements.
   f. Identify CDE needs.

4. EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of EMD case review.
   a. Critical components of the EMD case review process:
      1) Each CQI program shall have a case reviewer(s) who is:
         a) A currently licensed or certified physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services with a basic knowledge of emergency medical dispatch, and who has received specialized training in the case review process, or
         b) An emergency medical dispatcher with at least two years of practical experience within the last five years, and who has received specialized training in the case review process.
      2) The case reviewer shall measure individual emergency medical dispatcher performance in an objective, consistent manner, adhering to a standardized scoring procedure.
      3) The regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the emergency medical dispatcher is following protocols when providing medical instructions.
      4) Routine and timely feedback shall be provided to the EMD to allow for improvement in their performance.
      5) The case reviewer shall provide a compliance-to-protocol report at least annually to the EMD Medical Director to ensure that the EMD Provider Agency is complying with their chosen EMDPRS minimum protocol compliance standards, and Agency policies and procedures.

E. Policies and Procedures

1. The EMD Provider Agency shall establish policies and procedures through its continuous quality improvement program, consistent with the emergency medical dispatcher scope of practice that includes, but is not limited to:
   a. Ensuring the EMD call answering point maintains direct access to the calling party,
   b. Providing systematized caller interview questions,
   c. Providing systematized post-dispatch and pre-arrival instructions,
   d. Establishing protocols that determine vehicle response mode and configuration based on the emergency medical dispatcher's evaluation of injury or illness severity,
   e. Establishing a call classification coding system, for quality assurance and statistical analysis,
   f. Establishing a written description of the communications system configuration for the service area including telephone and radio service resources, and
   g. Establishing a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records to ensure emergency medical dispatcher compliance with the EMDPRS, and timeliness of interview questions and dispatch.

F. Medical Direction and Oversight

1. The EMD Provider Agency shall employ, contract, or designate the services of a physician Medical Director (which may include a Local EMS Agency (LEMSA) Medical Director), who shall provide medical oversight for all medical aspects of the EMD program including: the emergency medical dispatch protocol reference system, EMD training program, continuing dispatch education program, compliance standards, policies and procedures, continuous quality improvement program and risk management functions, and records management.

2. The EMD Medical Director shall:
   a. Be licensed as a physician in California, board certified or qualified in Emergency Medicine, and
   b. Possess knowledge of EMS systems in California and of the local jurisdiction.
   c. Be familiar with dispatching systems and methodologies.

3. The EMD Medical Director shall be responsible for ensuring that the Agency's EMD Program is established in accordance with these guidelines.

4. The EMD Medical Director shall be responsible for the:
   a. Approval of the EMD training program and participating in ongoing evaluation and review of those programs,
   b. Approval and oversight of the continuing dispatch education program,
   c. Design of medical aspects of the emergency medical dispatcher orientation and performance evaluations,
   d. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by EMD personnel,
   e. Approval of the emergency medical dispatch protocol reference system to be utilized, and
   f. Review of all continuous quality improvement, training and risk management functions in the Agency's CQI plan, including the establishment and monitoring of programs designed to correct identified medical quality issues, and
   g. Participation in the local EMS system CQI process.

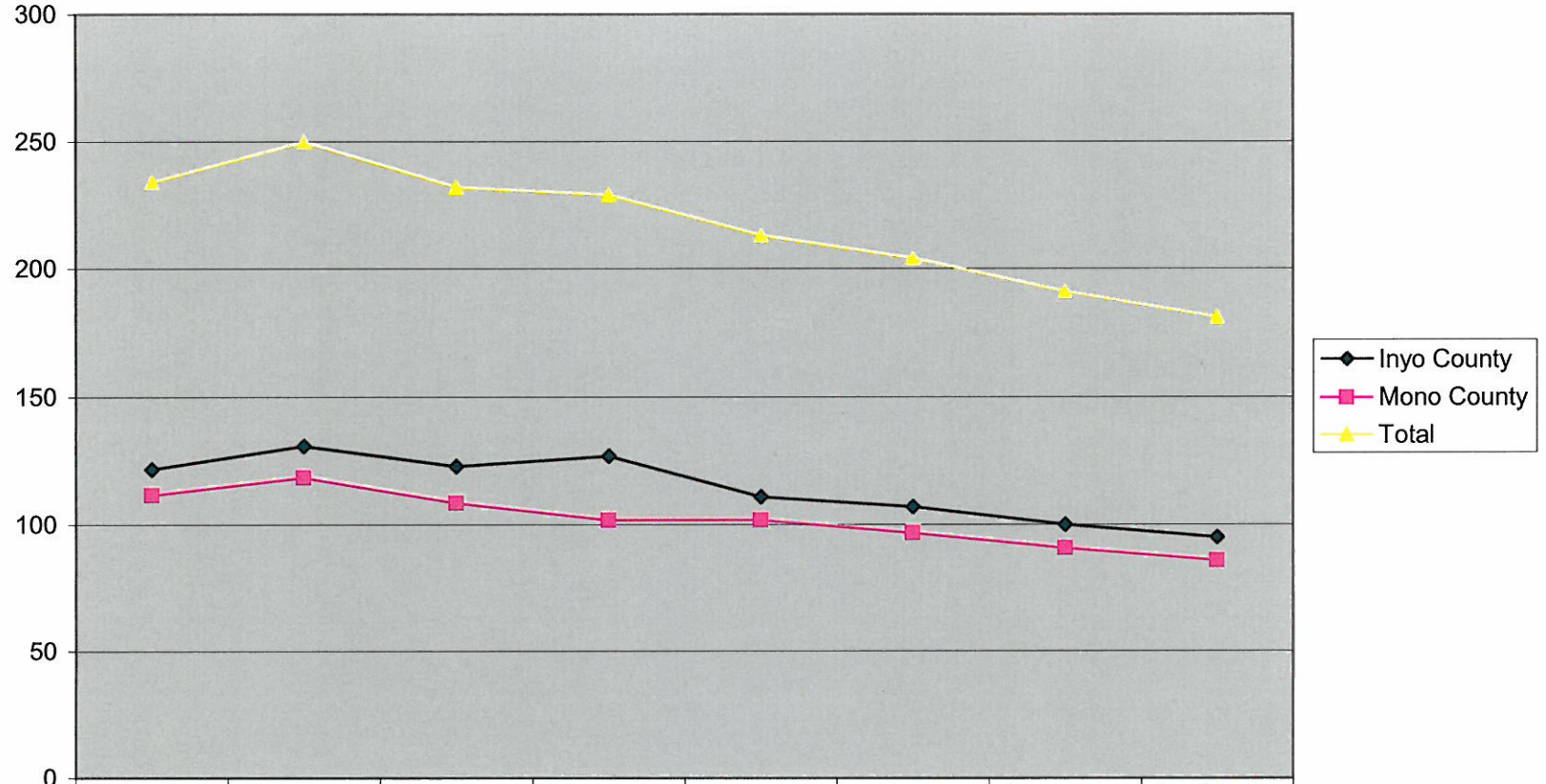
G. Records Management

1. Course Completion Records:
   a. The EMD Provider Agency shall maintain a copy of the basic EMD training program course completion record in the individual emergency medical dispatcher's training file.
   b. The EMD Provider Agency shall maintain a record of "in- house" EMD CDE topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE in the individual emergency medical dispatcher's training file.
   c. The EMD Provider shall maintain a copy of EMD CDE program course completion records from an approved EMD training program provider in the individual emergency medical dispatcher's training file.

2. Training Program Provider Records:
   a. Each training program provider shall retain the following training records as provided by local ordinance:
      1) Records on each course including, but not limited to: course title, course objectives, course outlines, qualification of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
      2) Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of program, number of participants and method of presentation.

3. CQI Case Review Records:
   a. Each EMD Provider Agency shall retain compliance-to-protocol reports as required by law.

EMT Certification
Inyo and Mono Counties
April 2006 - March 2008



	Apr-Jun 06	Jul-Sep 06	Oct-Dec 06	Jan-Mar 07	Apr-Jun 07	Jul-Sep 07	Oct-Dec 07	Jan-Mar 08
Inyo County	122	131	123	127	111	107	100	95
Mono County	112	119	109	102	102	97	91	86
Total	234	250	232	229	213	204	191	181

Prepared by ICEMA 5/13/08

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER, *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875

April 8, 2008

Supervisor Linda Arcularius, Chairperson
Inyo County Board of Supervisors
P.O. Box N
Independence, CA 93526

Paul Postle, Chairperson
Inyo County Emergency Medical
Care Committee

Dear Chairpersons Arcularius and Postle:

This is in response to your letter regarding the need for an additional testing site in your region for the National Registry of EMTs (NREMT) certification and licensure examinations. I understand and sympathize with the concerns you have for the time and cost for EMT applicants in your jurisdiction to travel to the Los Angeles area to take the examination. I will be discussing your request with the executives of NREMT.

As you may know, when placement of the testing sites was initially being discussed with the representatives of the NREMT and its testing vendor, Pearson VUE, a testing site in Bakersfield was being considered and discussions were being held with Bakersfield College. However, it is my understanding that Bakersfield College did not pursue becoming a test center.

As you may know, there are two types of testing centers – the Pearson Professional Centers, and Pearson VUE Authorized Test Centers. The Pearson Professional Centers are owned and operated by Pearson VUE and provide testing for other professions in addition to EMTs. Pearson VUE Authorized Test Center are entities that meet specific criteria established by Pearson VUE (see enclosed information). There are significant costs associated with operating a designated test site, therefore, the test site must have sufficient examination applicants in order for the test site to be able to continue to operate. We have found that while some agencies have offered to become an approved test site, they were unable to meet the criteria and/or realize sufficient numbers of examinees in order to make the test center fiscally viable.

It would be helpful if you could identify an entity in your region that would be interested in becoming a Pearson VUE Authorized Test Center and reviewing the criteria to see if they could meet it. In the meantime your request will be discussed with the staff of the NREMT, and we will advise you of their response.

Sincerely,

Daniel R. Smiley
Interim Director

Enclosure

cc: Diane Fisher, ICEMA
Governor Arnold Schwarzenegger
Senator Roy Ashburn
Assemblyman Bill Maze
RCRC
CSAC

DRS:njs

Pearson VUE

Test Center Network

Pearson VUE operates a network of company-owned professional testing centers throughout the United States and its territories. These centers are referred to as Pearson Professional Centers. We also operate the most expansive third-party authorized testing center network available. Authorized centers are typically located in businesses that provide technical training or in academic institutions. These centers are referred to as Pearson VUE™ Authorized Centers (PVTCs). Regardless of whether company-owned or Pearson VUE-authorized, all testing centers are secure and located for optimum convenience.

NREMT has partnered with Pearson VUE to deliver its exams in all of the Pearson Professional Centers as well as select PVTCs. After closely analyzing the EMS test taker population in each state, NREMT and Pearson VUE carefully selected PVTCs in rural locations not currently serviced by a Pearson Professional Centers site. We are confident that we have a testing center solution that provides maximum coverage for the EMS testing population.

Pearson VUE and NREMT are committed to working with each state to make the transition to computer-based testing as smooth as possible. To that end, we are prepared to discuss authorizing additional test centers in areas where a sizeable number of candidates are not serviced by an existing center. Several Pearson VUE representatives will be participating in the upcoming NREMT regional meetings and will be available to discuss this in more detail. As a precursor, a high-level description of the requirements an organization must meet in order to become a Pearson VUE Authorized Center is listed on back.

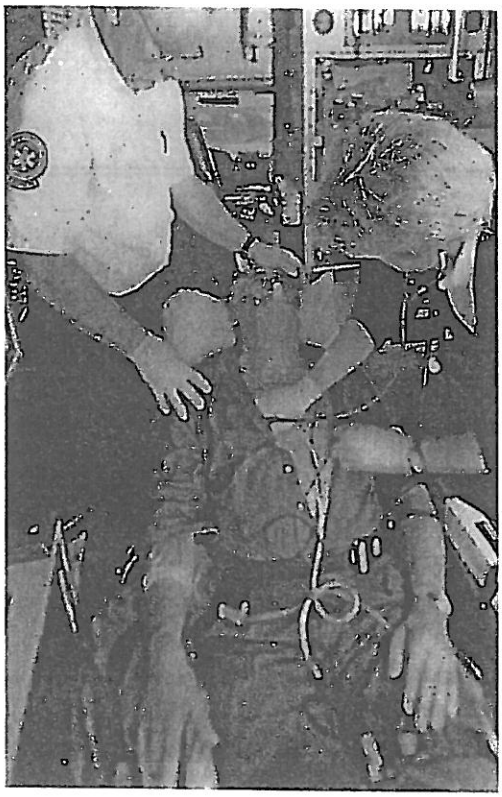
PEARSON VUE

www.PearsonVUE.com

National Registry of Emergency Medical Technicians®

THE NATION'S EMS CERTIFICATION™

Overview
of PVTC Requirements



- Agree to standard contractual terms and conditions.
- Provide computers that meet minimum technical specifications.
- Provide a distraction-free, secure testing environment with continuous candidate surveillance.
- Provide an enclosed, professional environment that is clean, comfortable, smoke-free and conducive to testing.
- Provide adequate lighting, ventilation, comfortable seating and work surfaces. Room lighting should provide sufficient light for keyboard and erasable note board while avoiding screen glare.
- Place testing workstations on a clean surface that is approximately four feet (1.2 meters) wide, with no obstructions overhead or underneath. Monitor positions should be adjustable in order to allow each candidate to establish a comfortable testing position.
- Separate candidates within the testing room. Separate testing stations using walls or privacy partitions, or at least four feet (1.2 meters) of empty space on all sides.
- Disallow use of equipment such as printers, fax machines, copiers or telephones while testing is in progress.
- Provide a clear glass viewing window or wall, video surveillance system or seating for a test administrator within the testing room. Whichever surveillance method is used, it must allow an unobstructed view of each candidate within the testing room.
- Provide a separate area outside the testing room for checking in candidates, with a workspace for the testing administrator and seating for candidates who are waiting.
- Provide lockers or other suitable storage for personal belongings. The candidate cannot take items such as pagers, paper, books and briefcases into the testing room. Provide adequate parking and/or access to public transportation.
- Provide access to people with disabilities, in compliance with the Americans with Disabilities Act of 1990.

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